

# Euregio Mobility Fund

## Coordinator

First Name

Last Name

Contact Address

Email\*

University

Department/Faculty/Centre

## Partner n°1

First Name

Last Name

Contact Address

Email\*

University

Department/Faculty/Centre

## Partner n°2

First Name

Last Name

Contact Address

Email\*

University

Department/Faculty/Centre

\* Please, beyond your personal email address, also insert one where you can be reached at your institution

# Euregio Mobility Fund

## Project

### *Project Title*

(Max 200 characters including spaces)

### *Project Acronym*

### *Duration*

(max 12 months)

## Beneficiaries

(please mark one or more options)

Students	Estimated number of students involved
Teachers	Estimated number of teachers involved

UNITN      UNIBZ      UIBK

Specify the n° of students coming from each University

## Project Type

(please mark the chosen option and give a brief description, max 300 characters including spaces)

Joint Lecture/Seminar

Virtual Exchange or Blended Mobility Initiatives

Field Trip

# Euregio Mobility Fund

Summer/Winter School

Joint Single Course

Other

## **Project Description\***

(max. 2.000 characters including spaces)

# Euregio Mobility Fund

Budget Foreseen\*

Internal teachers/ Faculty members and Euregio students

UNITN

UNIBZ

UIBK

Travels

Accommodation and subsistence

Teaching

Fees for summer/winter schools  
(only for students)

External Teachers/Experts

Travels

Accommodation and subsistence

Teaching

Total

TOTAL

\*The costs per unit will be reimbursed by the University of affiliation according to its internal rules

Authorization from the coordinating University will be sent with the proposal

Date (dd/mm/yyyy)

Coordinator's signature